

CONFIDENTIAL CREDIT APPLICATION

Date: _____
CCB #: _____



Doors.Moulding.Columns

1-888-723-9507
P.O. Box 2556
White City OR, 97503

Name: _____

Db: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Years in Business: _____

Parent Company (If Applicable) _____ E-mail address _____

Form of Business: () Corporation () Partnership () Individual Tax Identification #: _____

Officers/Owners/Partners

Name Title Address City, State, Zip

Name Title Address City, State, Zip

Accounts Payable Contact: _____ Phone #: _____

Bank References

Name of Bank: _____ Branch: _____

Type of Account: () Checking () Savings () Loan

Account #: _____ Contact Person: _____

Trade References (Complete Address, Phone, & Fax – Incomplete information will delay application process)

1.) Company: _____ Phone#: _____ Fax#: _____

Address: _____ City: _____ State: _____ Zip: _____

2.) Company: _____ Phone#: _____ Fax#: _____

Address: _____ City: _____ State: _____ Zip: _____

3.) Company: _____ Phone#: _____ Fax#: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit Sales Agreement and Terms of Sale:

Terms of sale will be established upon credit approval. This application is subject to acceptance by Moulding Specialties. All past due balances will be subject to a finance charge at the periodic rate of 1 1/2% per month, which is an annual percentage rate of 18%.

In the event that any sum due on the applicants account becomes past due and a lien is filed or account is placed with a collection agency, applicant agrees to pay any and all associated costs including legal fees, filing fees and collection agency fees. In the event that litigation arises from the collection effort, the prevailing party shall be entitled to recover attorney fees and court costs at trial and on appeal. Moulding Specialties reserves the right to cancel slow paying accounts.

The undersigned, as an authorized representative for the applicant, understands and agrees to the terms defined above and certifies that the information provided for the purpose of obtaining credit is warranted to be true. Applicant hereby authorizes Moulding Specialties to investigate the applicant's credit history, references, and historical information.

Signature: _____ Printed Name: _____ Date: _____

PERSONAL GUARANTEE (To be signed by all officers)

The above named applicant, jointly if more than one, do hereby personally guarantee all obligations of applicant to Moulding Specialties, including but not limited to, any sum due for sales and late fees, any and all costs incurred for liens and collection efforts made by Moulding Specialties against applicant. By signing below, applicant hereby agrees to the terms and conditions of this account agreement.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____